

10/088-770

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)						SERIAL NO. 10/088770	FILING DATE
						APPLICANTS	
CLAIMS							
	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	*	*
	IND.	DEF.	IND.	DEF.	IND.	IND.	DEF.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
7						57	
8						58	
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10						60	
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14						64	
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41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1	1	1	1	1	TOTAL IND.	1
TOTAL DEF.	2	2	2	2	2	TOTAL DEF.	2
TOTAL DEP.	3	3	3	3	3	TOTAL DEP.	3
TOTAL DEPS.	3	3	3	3	3	TOTAL DEPS.	3